have a marked effect on costs.

The most striking findings are in the dyspepsia group which is by far the most expensive prescribing area. There is a high overall cost and a large variation between doctors. Twenty-two doctors (73%) use H2-Antagonist medication as their treatment of choice for non ulcer dyspepsia (with stated normal Gastroscopy). There may be a potential for more rational prescribing in this area. (It should be noted that at the time of the study Antacid preparations were not available on GMS prescriptions).

One of the outstanding features of these results is that the degree of generic prescribing is greatest in an area where the potential savings are only moderate and the least generic prescribing is present in the group of drugs where the greatest potential savings might be made. (table 3)

The use of generics in just three out of seven cases in this study demonstrates a saving of 25% in drug costs.

The relatively high use of generic broad spectrum antibiotics for sore throat (37%) shows that doctors in this country can develop generic prescribing patterns. Since many patients shows a resistance to any change in their regular medication, the approach of using generics for new or first-time prescriptions is probably the most suitable one. The expenditure on generic compounds accounted for only 5% of the total GMS outlay on drugs in 1989. It was calculated that an increasing use of generics could lead to savings of up to £8 million in that year. It is well known that some doctors lack confidence in the efficacy and bioavailability of generic preparations. In one study, 27% of doctors did not have enough confidence in generics to prescribe them routinely. This view is not substantiated in one major review which states that in tests of generic drugs, very few differences in bioavailability have been reported. It also states that even if slight differences in absorption rates do arise from dissimilar non-active buffer ingredients, these are likely to be insignificant compared with individual variations in compliance, gut physiology and rates of metabolism.

It has been clearly shown that doctors can change their prescribing habits in response to feedback on their prescribing patterns but information must be clearly and regularly presented and doctors need to have an involvement in this monitoring if treatment is to succeed. Previous studies have shown that changes can only be brought about if the prescriber recognises that there is a problem and is willing to change his or her prescribing habits.

Alcohol and cigarette use in a pregnant Irish population

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Abstract
One hundred women were selected at random and interviewed. All were postnatal. The object was to establish the level of alcohol and cigarette consumption and the level of knowledge to potential adverse effects. Of the 100 women interviewed, 89% drank prior to pregnancy, six drank between 100-120 grams/week and 19 drank >120 grams/week. 11 women stopped drinking when they became pregnant. In the group which drank 100-120 grams/week, 66% decreased their alcohol consumption considerably ie <100 grams/week while pregnant, while in the group which drank >120 grams/week only 15% decreased their alcohol consumption. 38 women binged on at least one occasion while 21 said they had binged on at least one occasion during the first trimester. 58% of women were aware of the harmful effects of alcohol during pregnancy. This compared with 93% who were aware of the harmful effects of smoking during pregnancy. Only 11% of women said a doctor had mentioned alcohol as harmful, while 57% said that a doctor had mentioned the hazard of smoking in pregnancy.

The overall results show a general ignorance to the effects of alcohol consumption in pregnancy compared to the level of knowledge about smoking. The results also highlight the fact that doctors do not make patients aware of the effects of alcohol in pregnancy while they make an effort to educate people about the problems of smoking during pregnancy.

Introduction
The fetal alcohol syndrome (FAS) results from excessive maternal alcohol consumption during pregnancy. However the effects of alcohol on the developing fetus can be regarded as a continuum ranging from growth retardation and/or preterm delivery to the typical syndrome of mental retardation and malformations. As these effects are related to the maternal level of alcohol consumption, the level of alcohol and cigarette use in an Irish maternity hospital population was investigated. In addition the level of knowledge about the adverse effects of alcohol and cigarette usage during pregnancy and the source of this information was sought.

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Methods

100 postnatal women who had attended the Rotunda Hospital chosen at random were interviewed by one of two doctors (SFD, JK).

A detailed questionnaire was utilized to establish the level of alcohol and cigarette use during the most recent pregnancy, the level of knowledge of possible adverse effects of these two substances and the methods being used by the medical profession to educate pregnant women about the effects of alcohol and cigarette usage in pregnancy.

Alcohol use was defined as (a) mild, if the total amount was less than 100 g/week, (b) moderate, if the total amount was between 100-120 g/week and (c) heavy, if the total amount was greater than 120 g/week. Ten grams of alcohol is equivalent to a half pint of beer, a measure of spirits or a glass of wine. Binge drinking was defined as 60 grams or more of alcohol on a single occasion.

Results

The age of the study group was similar to that of the general patient population attending the Rotunda at that time. There were 6% of our study population under 20 years of age compared to 8.4% of the general population, while 15% were over 35 compared with 13.8% of the general population.

The percentage of nulliparous women in the study group was 41% compared to 34.4% in the general population. There were 7% of grand multiparous women in the study group and 13% in the general population.

There were 26% of the study group who were single at their booking visit, this compares to 22.4% for the general population while the national figure for unmarried mothers during 1989 was 12.6%.

In the moderate (100-120 g/week) alcohol use group, 66% significantly reduced their alcohol consumption, compared with only 15% in the 'heavy' alcohol group who reduced their consumption to the mild level. Of the 11% of women who gave up alcohol on finding they were pregnant 90% of those came from the 'mild' alcohol group. Regular drinking was reported in 38% while 21% admitted binging on at least one occasion during the 1st trimester 52% of women were aware of the harmful effects of alcohol during pregnancy, only 11% had been informed of this by a doctor!

63% of women smoked prior to pregnancy, 5% per stopped smoking while 3% started smoking after becoming pregnant, all these women had previously been smokers.

While the numbers smoking in excess of 20 cigarettes per day did not change, the number of moderate (10/20 day) smokers fell from 48% in the 1st trimester to 28% in the second and 26% in the third trimester. 93% were aware of the harmful effects of cigarettes, 52% had been informed by a doctor of the adverse effects of smoking in pregnancy.

Discussion

Fetal Alcohol Syndrome has an incidence of one in 750 live births in Northern Ireland. There are no figures available for the Republic of Ireland but very few documented cases have been reported, suggesting that the incidence may possibly be lower. The Fetal Alcohol Syndrome is one end of the spectrum of abnormalities which affect a fetus who has been exposed to alcohol during pregnancy. It has been shown that 120 grams of alcohol a week is associated with preterm labour, a reduction in head circumference and a fall in mean body weight. As little as 100 grams of alcohol weekly has been reported as the level above which fetal harm may result.

In one study 93% of the population were aware of the harmful effects of cigarette smoking during pregnancy, for example low birth weight, 57% said a doctor had told them that smoking while pregnant is harmful to the fetus. In contrast only 52% of women knew that alcohol caused harm to the fetus and more importantly only 11% said that a doctor had discussed this with them. Waterson et al showed that by asking simple 'quantity-frequency' questions coupled with a question about binge drink-